

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments During the annual licensure survey conducted on October 7-10, 2013, at Mabry Health Care, investigation of complaint #31991, was conducted in conjunction with the survey. The complaint was substantiated and no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 000		
N 419	1200-8-6-.04(1)(d) Administration (d) Criminal background checks are also required by any organization, company, or agency that provides or arranges for the supply of direct care staff to any nursing home licensed in the state of Tennessee. Such company, organization, or agency shall be responsible for initiating a criminal background check on any person hired by that entity for the purpose of working in a nursing home, and shall be required to report the results of the criminal background check to any facility in which the organization arranges the employee to work, upon request by a facility. This Rule is not met as evidenced by: Based on review of personnel files and interviews, the facility failed to perform a criminal background check for one of five personnel files reviewed. The findings included: Review of the personnel file for Licensed Practical Nurse (LPN) #1 revealed the LPN separated from employment on June 9, 2011. Review of the file revealed the LPN was rehired	N 419	N 419 Corrective Action: 1. On 10/22/13 human resource personnel was interserviced by the administrator on conducting pre-employment background checks. 2. On 10/23/13 human resource personnel received the background check on LPN #1 and was placed in employee file. On 10/23/13 all employed personnel files were audited for background checks; 100% compliance was found. 3. New policy for pre-employment background checks was revised; see attached. 4. Human resource personnel will conduct a monthly audit of newly hired employees to assure that pre-employment background checks are completed. Pre-employment background audits will be reported to the QAPI team every other month.	10-24-13

Division of Health Care Facilities

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kathleen M. Graves

TITLE

Adm

(X6) DATE

10-28-2013

STATE FORM

H4M111

If continuation sheet 1 of 2

Division of Health Care Facilities

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N 419	<p>Continued From page 1</p> <p>on August 16, 2012, and the first day of resident care was performed August 16, 2012. Continued review of the file revealed no documentation of a criminal background check.</p> <p>Interview with the Human Resource employee in the administrative office on October 10, 2013, at 8:15 a.m., confirmed there was no criminal background check conducted on the LPN who had been separated from employment facility for more than 14 months.</p> <p>Interview with the Administrator in the administrative office on October 10, 2013, at 4:45 p.m., confirmed the facility failed to conduct a criminal background check on the LPN.</p>	N 419			

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If continuation sheet 2 of 2